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**TO:** Examiner Shengjun WANG**FROM:**

Guy V. Tucker

**COMPANY:** U.S. Patent & Trademark Office  
GROUP ART UNIT 1617**PHONE NUMBER:** 650-620-5501**FAX NUMBER:** 1-703-872-9306**FAX NUMBER:** 650-631-3125**PHONE NUMBER:****DATE:**

April 16, 2004

**RE:****TOTAL NO. OF PAGES INCLUDING COVER:** //☐ URGENT☒ FOR REVIEW☒ PLEASE COMMENT☐ PLEASE REPLY☐ PLEASE RECYCLE**NOTES/COMMENTS:**

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PTO/SB/21 (02-04)

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FORM**

(to be used for all correspondence after initial filing)

Application Number	10/032,239
Filing Date	December 21, 2001
First Named Inventor	Michael Weickert
Art Unit	1617
Examiner Name	WANG, Shengjun
Attorney Docket Number	0067.00

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Guy V. Tucker, NEKTAR THERAPEUTICS	Reg No. 45,302
Signature	<i>Guy V. Tucker</i>	
Date	16 APR 2004	

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Signature	<i>Karen J. Moir</i>	Date	04/16/2004

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PTO/SB/17 (10-03)

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**FEE TRANSMITTAL**  
**for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

**Complete If Known**

Application Number	10/032,239
Filing Date	December 21, 2001
First Named Inventor	Michael Weickert
Examiner Name	WANG, Shengjun
Art Unit	1617
Attorney Docket No.	0067.00

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None				
<input checked="" type="checkbox"/> Deposit Account:					3. ADDITIONAL FEES			
Deposit Account Number: 500348					Large Entity Small Entity			
Deposit Account Name: Nektar Therapeutics					Fee Code Fee (\$)			
The Director is authorized to: (check all that apply)					Fee Description			
<input checked="" type="checkbox"/> Charge fee(s) indicated below					Fee Paid			
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1. BASIC FILING FEE								
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid					
1001 770	2001 385	Utility filing fee						
1002 340	2002 170	Design filing fee						
1003 530	2003 265	Plant filing fee						
1004 770	2004 385	Reissue filing fee						
1005 180	2005 80	Provisional filing fee						
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								
Total Claims	Extra Claims	Fee from below	Fee Paid					
Independent Claims	-20** =	X						
Multiple Dependent	-3** =	X						
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid					
1202 18	2202 9	Claims in excess of 20						
1201 86	2201 43	Independent claims in excess of 3						
1203 290	2203 145	Multiple dependent claim, if not paid						
1204 88	2204 43	** Reissue independent claims over original patent						
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2) (\$)								
**or number previously paid, if greater. For Reissues, see above								
Other fee (specify)								
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Guy V. Traker	Registration No. (Attorney/Agent)	45,302
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		Date	April 16, 2004

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